

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000009891 (9)

1. Corporation Name

TKW ENTERPRISES, INC.



Principal Place of Business

62728 CHASEWOOD DR S  
JUPITER FL 33458

Mailing Address

62728 CHASEWOOD DR S  
JUPITER FL 33458

2. Principal Place of Business

21 1305 SE Dixie Hwy

Suite, Apt. #, etc.

22 Unit E

City & State

23 Stuart FL

Zip

24 34994

Country

25 Martin

2a. Mailing Address

26 1305 SE Dixie Hwy.

Suite, Apt. #, etc.

27 Unit E

City & State

28 Stuart FL

Zip

29 34994

Country

30 Martin

3. Date Incorporated or Qualified

02/02/1995

3a. Date of Last Report

4. FEI Number

65-0553300

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,  
Florida Statutes

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

REYES, WANDA

62728 CHASEWOOD DR S  
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name

Luis A. Torres

82 Street Address (P.O. Box Number is Not Acceptable)

1305 SE Dixie Hwy.

83

Unit E

84 City

Stuart

FL

85 Zip Code

34994

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Luis A. Torres

V/President

4-29-96

Signature typed or printed name of officer or director (When required)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	REYES, WANDA	
STREET ADDRESS	62728 CHASEWOOD DR S	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Reyes, Wanda	
1.3 STREET ADDRESS	717 US Hwy. 1, #608	
1.4 CITY-ST-ZIP	Jupiter, FL 33477	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Luis A. Torres	
2.3 STREET ADDRESS	717 US Hwy. 1, #608	
2.4 CITY-ST-ZIP	Jupiter, FL 33477	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wanda Reyes

Wanda Reyes President

4-29-96

407-221-1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE AND PHONE #

CR2E034 (12/95)